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# CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

**FILED EFFECTIVE**

2011 DEC 14 AM 10:58

SECRETARY OF STATE  
STATE OF IDAHO

1. The name of the limited liability company is:

Villa Bean, LLC

2. The complete street and mailing addresses of the initial designated office:

344 Park Ave. Idaho Falls, ID 83402

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Alexis M Langerak

(Name)

3767 Windmill Dr Ammon, Idaho 83406

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

**Name**

**Address**

Alexis M Langerak

3767 Windmill Dr Idaho Falls, Idaho 83406

5. Mailing address for future correspondence (annual report notices):

344 Park Ave Idaho Falls, ID 83402

6. Future effective date of filing (optional): \_\_\_\_\_

Signature of a manager, member or authorized person.

Signature

Typed Name: Alexis M Langerak

Signature

Typed Name: \_\_\_\_\_

Secretary of State use only

IDAHO SECRETARY OF STATE  
12/14/2011 05:00  
CK: 852947 CT: 172099 DH: 1301781  
1 @ 100.00 = 100.00 ORGAN LLC # 4  
1 @ 20.00 = 20.00 EXPEDITE C # 5

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